Inmate Population, Rehabilitation, and Housing Management Plan

July 2006

California Department of Corrections and Rehabilitation
James E. Tilton, Secretary (A)

Governor Arnold Schwarzenegger

OVERVIEW

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Based upon the current population and projected growth, the California Department of Corrections and Rehabilitation will run out of beds for its adult male population by June 2007.

The CDCR population has reached a new all-time high of 171,527. Of particular importance, the CDCR has insufficient celled and dormitory housing to accommodate the current and projected male population. This trend has required the CDCR to activate non-traditional temporary housing utilizing existing program areas (gyms, dayrooms, and TV rooms) to provide housing for the expanding population. As of June 14, 2006, the adult male offender's population was 159,867. This situation has resulted in increased security concerns based upon severe overcrowding and the housing of inmates in less secure areas. This extensive overcrowding has also severely affected the CDCR's ability to achieve its goal of providing substantive work, vocational training, and educational programs for every inmate incarcerated. In addition, the overcrowding and lack of treatment space to service the additional populations has been a major contributor to court intervention regarding CDCR's health care services delivery. The CDCR is currently operating under stipulated court agreements for medical, mental health, and dental services, and is under receivership for medical services.

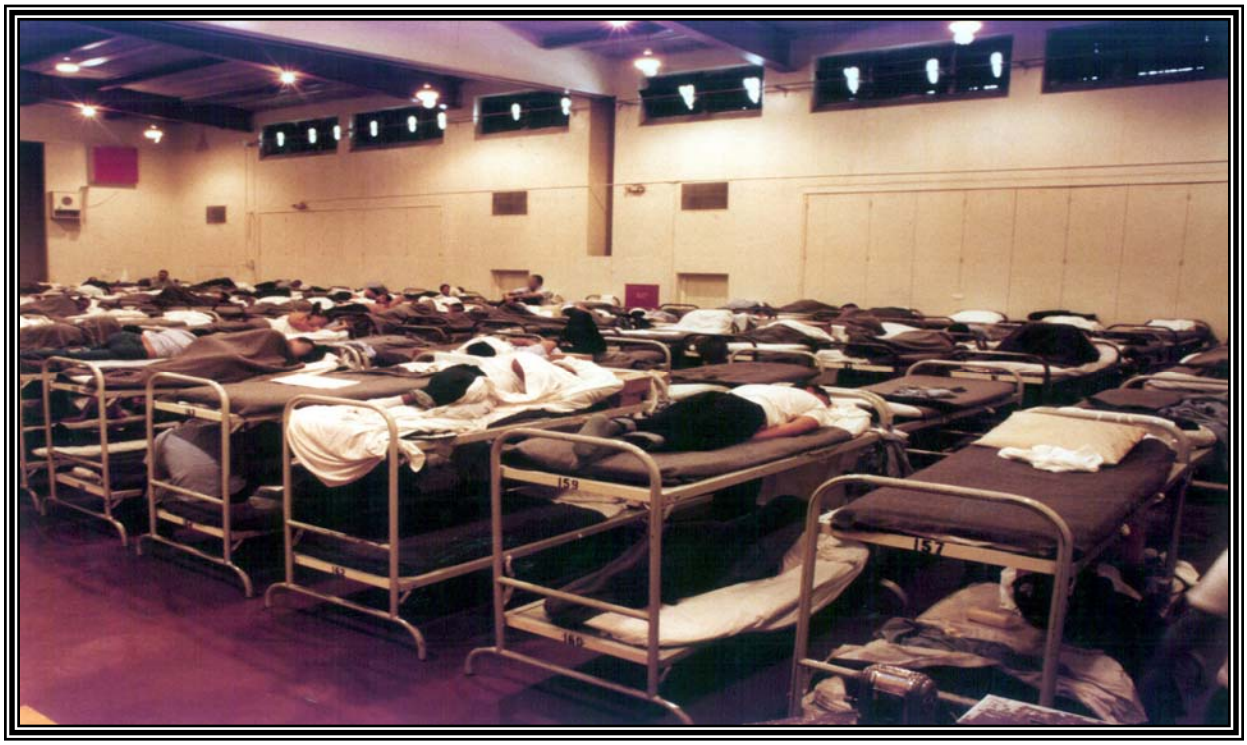
Additionally, the CDCR is currently experiencing custodial staff shortages that will be exacerbated by demands placed on staffing based upon the projected increases in population. By October 2006, CDCR projects this shortage in the officer classification to stand at 2,481 positions, 11 percent of all authorized positions. The vacancy rate is amplified by unbudgeted planned workload such as medical transportation and unplanned absences such as sick leave over budgeted levels. CDCR is seeking to mitigate the officer vacancy rate by streamlining existing testing requirements and expansion of our academies. However, inmate population increases, officer attrition, and more efficient use of academies will not alleviate the officer shortage for several years. The activation of 4,000 CCF's and 5,000 out-of-state beds for deportable foreign nationals represent the quickest response to the bed need without impacting the existing staff shortage.

The CDCR has developed a bed utilization plan that maximizes all existing and potential resources, and will promote the successful achievement of CDCR's mission. In developing this plan, the CDCR recognized that the use of non-traditional beds must be minimized while still providing bed and program capacity for future populations.

- **Based upon the Spring 2006 Population Projections, the CDCR will need to increase the adult male capacity by 51,069 beds with associated program space by 2021, in order to accommodate the expected population and eliminate non-traditional temporary housing.**

- **CDCR has developed a number of strategies that will require simultaneous project development and funding as quickly as possible. These are re-entry facilities, male/female Community Correctional Facilities (CCF), infrastructure improvements, new housing construction, new prison construction, out-of-state placement, and other state facilities.**

CDCR's use of non-traditional beds stretches reasonable security correctional standards and the safety of staff, inmates, and the public. There are no additional alternatives to further overcrowding existing prison capacity without great risk to the public safety.



Double bunking in dayroom at CA Institution for Men

Housing overcrowding in hallway at CA Medical Facility

BED CAPACITY GAP

BED CAPACITY GAP

Impending Adult Male Bed Capacity Gap

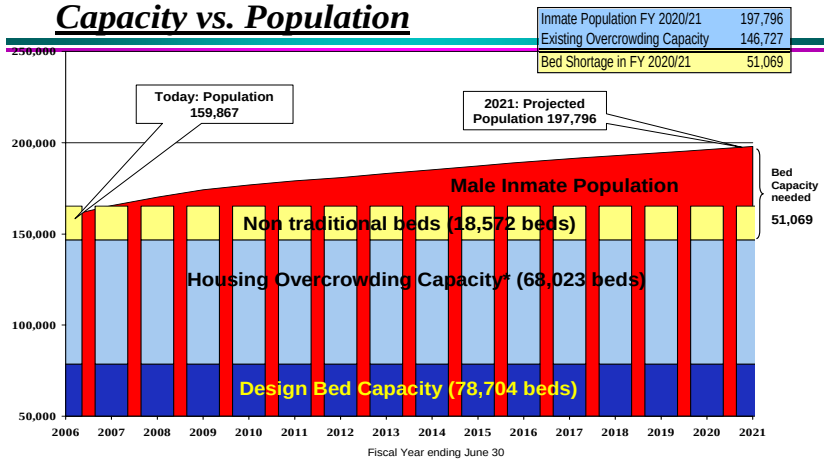
- By June 2007, the CDCR will have activated all remaining non-traditional beds and reach full capacity.
- The CDCR needs to increase capacity by approximately 9,000 beds by June 2009 in order to keep pace with the projected population.
- The CDCR needs to increase capacity by approximately 2,500 beds between July 2009 and June 2010 in order to keep pace with the projected population.
- The CDCR needs to increase capacity by approximately 2,000 beds between July 2010 and June 2011 in order to keep pace with the projected population.

CDCR Proposes to Increase Capacity

- The CDCR proposes to increase capacity by approximately 19,500 beds by June 2009 which would allow for the deactivation of approximately 10,500 non-traditional temporary beds. These beds consists of 8,968 beds of new construction at existing prisons, 4,000 CCF beds, out of state placement of 5,000 foreign nationals with Immigration and Customs Enforcement (ICE) holds, and the conversion of 800 female beds to male at the California Rehabilitation Center (CRC). Reactivate 760 beds at Northern California Women's Facility (NCWF) to male.
- The CDCR proposes to increase capacity by approximately 5,700 beds by June 2010 which would allow for the deactivation of approximately 3,200 non-traditional temporary beds.
- The CDCR proposes to increase capacity by 14,000 beds by September 2012. This consists of 9,000 new construction and 5,000 Re-entry beds.
- This plan, if fully implemented will provide additional capacity of approximately 39,200 male beds, thus eliminating the use of all non-traditional beds by September 2011. Additionally, it will provide capacity for the anticipated growth in the male population into 2014.

Male Inmate Population Bed Gap

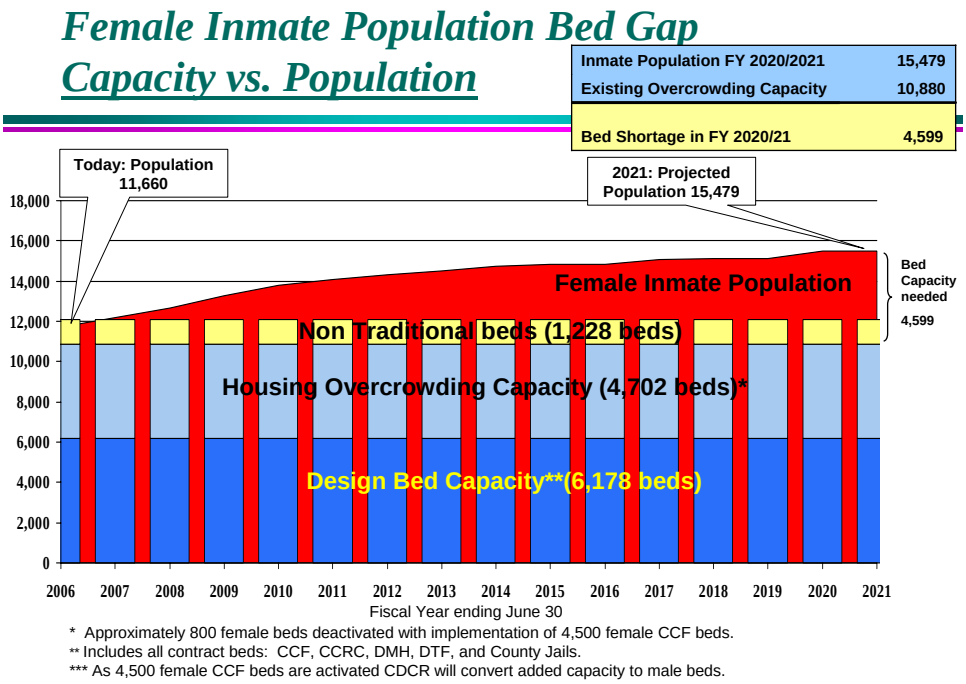
Capacity vs. Population



* Includes all contract beds: CCF, CCRC, DMH, DTF, and County Jails.

Impending Adult Female Bed Capacity Gap

- Activation of 4,500 Female Rehabilitative Community Correctional Center (FRCCC) beds will provide additional female capacity through April 2020.



* Approximately 800 female beds deactivated with implementation of 4,500 female CCF beds.
** Includes all contract beds: CCF, CCRC, DMH, DTF, and County Jails.
*** As 4,500 female CCF beds are activated CDCR will convert added capacity to male beds.

INFRASTRUCTURE

INFRASTRUCTURE ISSUES

CDCR's infrastructure includes multiple sophisticated systems such as power, water and wastewater, steam, energy conservation, telecommunications and fire suppression. The CDCR facilities are very much like cities, that, to function properly, must have an adequate utility infrastructure that provides for the safety and well being of all that enter, work, or live in the facility. These systems must also meet regulatory requirements and standards that periodically change and become more restrictive. At some facilities, water, wastewater, or power generation are provided on-site through CDCR-owned and operated plants. At other facilities, CDCR purchases these services from municipal sources or private providers.

In institutions where CDCR operates wastewater or water treatment plants, numerous violations have been cited, Cease and Desist Orders have been issued and fines levied due to the plants' inability to meet the requirements. Initial plant design allows for a minimal amount of growth, however, the population expansion has exceeded capacities and modifications are necessary.

This plan provides for the expansion of existing infrastructure systems to permit the construction of housing and program space on existing CDCR prison sites. The specific mitigations were developed through site surveys with the prisons. Site specific analysis will be required by technical staff to validate the recommendations and confirm cost estimates. In order to facilitate the necessary housing/space development the following strategies will be employed.

Solutions

Immediate – Mitigations necessary to activate non-traditional beds.

CDCR will implement water conservation measures to increase capacity at existing prisons.

- Reduces the amount of potable water, allowing for additional capacity.
- Reduces the amount of wastewater created, allowing for additional capacity.

Continuous – Mitigations necessary to implement new housing unit construction.

Conduct an extensive evaluation of infrastructure upgrades required to manage the addition of infrastructure demands.

- Expand existing plants (water and wastewater) for proposed additional infrastructure demands.
- Expand municipal agency plants; modify agreements for proposed additional infrastructure demands.
- Expand power capabilities.

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PROPOSED SOLUTIONS

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The CDCR has developed a population rehabilitation and bed management plan that will allow the CDCR to take a multi-pronged approach to expanding bed capacity that will accommodate the projected population increases. It is imperative that the CDCR has the flexibility within the plan to procure capacity in the most timely and effective manner available. The following options represent a combination of alternatives that the CDCR will utilize to secure the necessary bed capacity to accommodate the projected increase in population and eliminate the use of non-traditional temporary housing.

CDCR recognizes that the actual mix of options and produced beds will vary based upon availability and funding. CDCR is proposing pursuing all options simultaneously and modifying the request as necessary to address the housing need. The current population deficit and uncertainty of option availability demand this approach. The following proposed solutions assume a total number of beds. Upon receiving authority to pursue the options a more detailed scheduled and refined cost estimate will be developed and reported to the legislature.

Proposed Solutions	Security Provided by:	Number of Beds
Female Rehabilitative Community Correctional Centers	CDCR	4,500
Re-Entry Program Facilities	CDCR	5,000
Male Community Correctional Facilities	PRIVATE/PUBLIC	4,000
Housing Construction at Existing Facilities	CDCR	14,678
NCWF Activation to male beds	CDCR	760
Foreign Nationals with ICE Holds	PRIVATE/PUBLIC	5,000
CRC Conversion to male	CDCR	800
New Prisons	CDCR	9,000
Total		**43,738**

Female Rehabilitative Community Correctional Centers

In July 2005, the former California Department of Corrections changed its name and mission to address the rehabilitative and re-entry needs of incarcerated females and males. As part of this re-organization, the CDCR established a new unit, Female Offender Program and Services to implement standards for the management, rehabilitation, and community reintegration of the over 11,600 females incarcerated within the CDCR.

There are currently four (4) State prisons housing 11,600 female offenders. Of those, only seven (7) percent (867) are housed in community-based beds. Nearly 5,900 (as of February 28, 2006) adult females who are also eligible for community based placement are incarcerated in the existing State

prisons for non-serious, non-violent offenses and are classified as Level I and Level II. According to the Spring 2006 Population Projections, the female felon and non-felon population will increase by an additional 1,550 by June 30, 2009. The existing community-based facilities that house the 867 women include the Leo Chesney CCF, a Restitution Center, Conservation Camps, Family Foundations Facilities, Community Prisoner-Mother Program Facilities and Drug Treatment Facilities.

To facilitate the female offender reform efforts, the CDCR created a strategic plan for improving outcomes for female offenders by implementing gender-appropriate operational practice, programming, medical, mental health and dental care, "wrap-around" treatment programs and services, in community-based facilities. CDCR's strategic plan for female offenders will move approximately 4,500 Level I and II female offenders from prison beds into an expansion of community-based beds with intensive wrap around services. This will allow the non-violent, non-serious offender to be placed in or near the county of commitment and begin a structured, individually tailored treatment, and rehabilitation/reintegration plan that begins at date of sentencing and sees the female offender through discharge from parole.

- All programming services will be provided by contract personnel, and CDCR will provide 24 hour/7 days per week security services.

Subject matter experts were hired to develop a Request for Proposal (RFP) for the 4,500 community beds. These are called Female Rehabilitative Community Correctional Centers. A contracted facility planning consulting firm has developed "Facility Guidelines" for the design of the female 75-bed, 100-bed, and 200-bed facilities that will be located throughout the State. The specific mix of facilities will not be determined until the RFP process is completed. The Facility Guidelines were developed around the program components, required staffing and the unique and differing security needs of the female offender.

The facilities will be demographically dispersed throughout the State consistent with the numbers of female offenders currently incarcerated for non-serious/violent offenses, the counties from which they were committed, and the counties to which they will return upon parole.

A Case Manager will be assigned to oversee the offender from commitment through discharge from parole. An initial and ongoing assessment(s) will provide a prescriptive program. Medical, mental health, and dental services will be handled in the community (providing the condition is not so serious that it would preclude participation in the facility program). There will be no traditional "hub" facility for these services, which will eliminate the need for continual "shuttling" between facilities which is both costly and interrupts any meaningful programming. Classification and disciplinary issues will be handled on-site. Those requiring higher level custody will be reviewed and appropriately removed from the program. These facilities will be staffed with 24-hour, seven days per week, CDCR custody staff to provide security. The on-site Correctional Counselor III will be the senior ranking CDCR position to ensure all Penal Code and departmental requirements are met, supervise the assigned custodial staff, and provide appropriate contractor training related to CDCR responsibilities and public safety.

Contract staff will provide for overall program and facility management. Programs and Services will include:

- Substance Abuse Treatment and Education
- 12-Step Meetings and Programming
- Group Counseling
- Individual Counseling
- Trauma Treatment
- Educational and Vocational Programming
- Community Linkages
- Skill Building
- Sober Living Skills
- Healthcare
- Wellness/Recreational Programs
- Religious Programs
- Family Counseling and Family Reunification Process

The 4,500 beds will be phased in over two (2) years; 2,500 beds in 2007/2008 and 2,000 in 2008/2009. It is estimated that the first facility could open in April 2008. Without yet having received the actual bids, it is difficult to project exact numbers and timeframes. A Request for Information (RFI) was released in May 2006 and the Department received 38 responses for possible housing/programming for the population. The activation of FRCCC beds will enable the CDCR to convert 800 female beds at CRC to male.

In summary, in January 2005, the CDCR established a Gender-Responsive Strategies Commission (GRSC) to develop an overall plan for improving outcomes for female offenders. The Committee was created in response to the significant growth of the female population, the existing high recidivism rate, and to address the differences that exist between female and male offenders in terms of management and rehabilitation. To guide its work, the GRSC developed a vision. This RFP, program elements, facility design, and multi-disciplined blend of staffing, is the first major step in actualizing that vision.


California
Department of Corrections
and Rehabilitation
COMMUNITY CORRECTIONS
COMMUNITY CORRECTIONAL CENTERS ADMINISTRATION
PUBLIC COMMUNITY CORRECTIONAL FACILITIES (CCF)
1. Lassen (LAS), Susanville
2. Claremont Custody Center (CLA), Coalinga
3. Delano (DEL), Delano
4. Shafter (SFT), Shafter
5. Taft (TAF), Taft
6. Adelanto (ADL), Adelanto
PRIVATE COMMUNITY CORRECTIONAL FACILITIES (CCF)
1. Leo Chesney Center (LEO), Live Oak
2. McFarland (MCF), McFarland
3. Mesa Verde (MSV), Bakersfield
4. Baker (BKR), Baker
PRIVATE MEDIUM COMMUNITY CORRECTIONAL FACILITIES (MCCF)
1. Golden State (GOL), McFarland
2. Central Valley (CVA), McFarland
3. Desert View (DES), Adelanto
FEMALE PRISONS
CIW
CCWF
VSPW
CRC-W
FEMALE CAMPS - (290)
MALIBU/RAINBOW/PUERTA LA CRUZ
FEMALE CCF
LEO CHESNEY (200) +60
RESTITUTION CENTER
LA (60)
FAM. FOUNDATIONS - ALT. SENT
SD (35) +45 Children
SFS (35) +45 Children
FRESNO (0)
CPMP
OAKLAND (24)
BAKERSFIELD (23)
POMONA (24)
DTF - OSAP
SD (40)
SANTA ANA (47)
LONG BEACH (37)
MONROVIA (6)
FOTEP - PAROLE
SB (64)
SD (60)
EL MONTE (62)
SFS (25)
MONROVIA (24)
SF (52)
FRESNO (45)
Malibu
Restitution Center
Family Foundations
CPMP
DTF
DTF
ORANGE
DTF
DTF, FOTEP, Family Foundations

Reentry Program Facilities

Concept

Breaking California's entrenched cycle of parolee failure is the purpose of this new initiative. The desired outcome is to reduce post-release criminal behavior of high risk offenders returning to their county of last legal residence, and to scale back the failure rate of at-risk parolees revoked with no new prison term. This initiative envisions the creation of state and local government partnerships, new secure reentry facilities (5,000 beds), and enhanced services, as necessary for program success.

This CDCR proposal has at its core: risk and needs assessments; case management; wrap around services; a continuity of care between custody and parole; and collaborative partnerships between corrections, law enforcement and local community service providers. For California, the more salient features of our reentry partnership with local government will include:

1. Improve inmate/parolee information. Improve parole and local law enforcement information on parolees, and provide parole agents new and better risk and needs assessment tools for better placement decisions.

2. Create new Police and Parole Agent Teams: Additional parole agents will team with local law enforcement. Together these teams will increase the intensity and quality of supervision of parolees. They will target serious parole offenders for revocation and prosecution. Parolees at serious risk of re-offending will be targeted for placement in these Community-Based Parole Reentry Facilities.

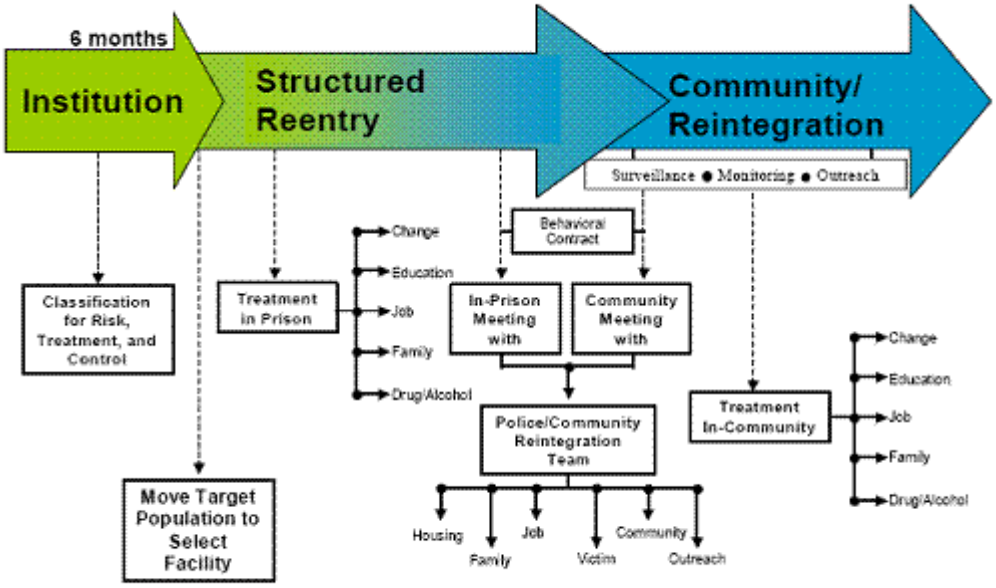
3. Improve the delivery and quality of inmate/parolee programs: A mix of programs will be designed to meet the unique needs of inmates and parolees returning to a particular community. These programs will be evidence based, and tailored to the specific problems inmates/parolees must surmount.

4. Secure community reentry beds for inmates/parolees in the selected target area: To bolster reentry success, inmates and revoked parolees will spend the last few months of their term in close proximity to their home. Housing is anticipated to be cells with double occupancy. The facility will provide 24-hour supervision, and not allow in or out privileges. The building will contain a secure perimeter, and adequate space for mandatory programming. These facilities will be operated by the CDCR, and will be designed to be aesthetically complimentary to the surrounding area. Local political support will be needed for siting.

Background

Proposed is a new Parole Reentry Project. This CDCR proposal will reflect the core attributes of efforts identified in research as "reentry partnership initiatives". Like those, our proposal will require a new style of state and local partnership. Reentry partnership initiatives were the subject of a 2002 National Institute of Justice, Office of Justice Program (OJP) study, entitled *Reentry Partnership Initiative: Moving from Prison Safety to Public Safety.* The report featured projects in the following communities: Baltimore, Maryland; Burlington, Vermont; Columbia, South Carolina; Kansas City, Missouri; Lake City, Florida; Las Vegas, Nevada; Lowell, Massachusetts; and Spokane, Washington). The three primary phases of a reentry partnership initiative include an *institutional phase,* a *structured reentry phase,* and a *community reintegration phase*. Figure 1 from the OJP report provides a good overview of these phases and support elements:

Figure 1



The above model is applicable to other reentry programs, and thus allowed staff to explore reentry options which may be better suited to California. In particular the efforts of the State of Illinois were seriously considered, as it is the only state that mirrors California by having both determinant sentencing and mandatory parole. In a September 2005 report by the U.C. Irvine, Center for Evidence-Based Corrections, Illinois was found to incarcerate only six (6) percent of their technical violators, compared to California re-incarcerating 39 percent. This and other favorable differences in Illinois are believed attributable to initiatives which include formation of a bipartisan statewide commission and working group to improve reentry success, the re-opening of a shuttered prison dedicated to a reentry purpose that directly links with two Community Support Advisory Councils in inner city Chicago. Parole agents in Illinois have access to a broad array of punitive and support services, affording the state options to re-incarceration. As one of the primary objectives of these

Illinois efforts is to simultaneously reduce inner city street crime, these options are truly employed to bolster public safety. More research on Illinois is planned as this initiative develops.

A January 2, 2005 press release of Illinois governor heralded early results of their efforts, "On the one-year anniversary of the Sheridan National Model Drug Prison & Reentry program, Governor Rod Blagojevich today released results of an early evaluation of the program showing success in reducing crime and recidivism by as much as 66 percent."

For California, local support will be required to site and develop the requisite Parole Reentry Facilities. These facilities will be designed as 500-bed "mini-prisons" (considered small by California standards). Facility siting, in the inmate/parolee community of return, should enable CDCR to create an unprecedented continuity of care in the provision of needed support services. CDCR is recommending ten (10) facilities be built in cities, counties or regions willing to partner with CDCR, so as to achieve the purposes of this initiative.

Failure on parole is a significant contributing factor driving the over-crowding of our prisons. In the most recent Monthly Projection Status Report, - May 2006, parolees returned to custody accounted for 64 percent of all admissions between January 1 and May 31, 2006. During this period there were 20,284 new admissions of offenders not on parole, for 36 percent. CDCR received 8,690 parole violators returned to prison with new criminal convictions, representing 15 percent. A significant need for bed space was due to the 28,107 parolees who were violated with no new term, constituting 49 percent of all new admissions.

California inmates are woefully unprepared for their return to their county of last legal residence. This population is of great concern to local communities, and especially to local law enforcement. With the recent Sampson decision, the U.S. Supreme Court upheld the authority of local California law enforcement to conduct spot searches of parolees in much the same manner as our parole agents. Parolees who are ill prepared for reentry are most likely to engage in illicit behavior and thus warrant police attention. Thus, better preparing parolees for release is timely on many fronts.

There is an emerging consensus among researchers and policymakers nationwide that a focus on reentry is the critical area of need. An alternative is envisioned to California's existing pattern of adding prisons to meet a continual crisis of prison overcrowding, largely driven by failure on parole. That alternative would revolve around a new type of community based facility which would reflect all of the best thinking on how to dramatically improve parolee outcomes.

Possible effect on Recidivism: Staff has discussed the preliminary design of this initiative with Dr. Joan Petersilia, PhD, Executive Director of the U.C. Irvine Center of Evidence-Based Corrections, and nationally recognized expert on offender reentry. Dr. Petersilia informed staff that considerable research on the national level is available to assist CDCR in this new effort. When asked about the

potential for success, she stated that for any such effort four critical ingredients must be in place. These ingredients include: program design, selection of the right target population, staff competency (which includes training and stability), and quality community collaborations. If these ingredients are present and sustained over time, she expressed a general confidence that, like other such efforts, significant success rates are reasonable.

Capital Costs

The conceptual design of these facilities, and therefore the estimated capital costs, are notably different from the traditional California prison construction project. Where most prison projects were constructed using prototype designs in rural locations, the department was able to achieve design economies of scale, use lower-cost building materials (steel, wood and stucco, etc.) in non secure areas, and utilize two story low-rise housing units permissible due to the 100-300 plus acres of land on which each facility was sited.

The overarching principal in these proposed Reentry Facilities is to accomplish changes in parolee behavior by providing a robust array of evidence based programs for every inmate doing their short period of incarceration in this facility and upon parole in communities. Thus, these programs will require a significant amount of dedicated facility space. These Reentry Facilities are proposed to be sited within urban locations, where community and governmental services can be seamless and transition with the parolee upon release. Construction may require the purchase of more expensive urban property, demolition of existing structures, mitigation of urban environmental issues such as traffic, water, sewer, etc, and will involve more expensive mid-rise construction ensuring a high level of security for the entire building envelope (similar to some urban county jails).

Programs

The Office of Research working with the Center of Evidence-Based Corrections at UC Irvine is identifying specific programs that have a proven record of reducing recidivism. A large body of research and evaluation, including Joplin et al. (2004) from the National Institute of Corrections, illustrates what treatment principles help inmates make the transition to a successful crime free life. Using this framework, a partnership that provides a comprehensive model of treatment and prevention services is indicated. The program goal is to reduce recidivism in the inmate/parolee population most likely to re-offend. Some important risk factors shown to be linked with recidivism include substance abuse, trauma and violence, gang affiliation, family dissolution and dysfunction, lack of employability and housing, and problems associated with mental and physical health disorders.

Steeped in evidence-based practices, the program model will move prisoners who are close to their parole date and parolees who are being revoked on technical violations, to the secure locked facility within their former neighborhood. Criteria for participation will be based on need and risk of re-offending.

A case management model will be implemented. This will start with an intake assessment of risk and needs and will finish with an exit interview to determine an inmate's needs for continued success. Various programs and services will be available based on risk and needs assessments. They range from drug and alcohol treatment and maintenance, cognitive behavior therapy, employment services and job training, literacy and computer training, public defender and law clinics, family reunification, mentoring, drivers license testing, life skills, various health care support and healthy living clinics, child support assistance, to name a few. Using community partnerships, services will be extended into the community to assist inmates as they transition back to parole. Volunteer participation will be a critical portion of the program delivery components.

Staff will be incorporated in a therapeutic community structure, which will include licensed social workers, classification and parole services staff, custody staff, and various staff for operational support. It is anticipated that program components will be provided by a combination of full time staff and contracted vendors.

A key focus will be the careful selection of staff interested in supporting a therapeutic community and rehabilitation efforts. Resources will be allocated to train staff and create an environment that promotes motivation and willingness to change.

Male Community Correctional Facilities

CDCR currently contracts for the operation of approximately 5,300 beds in 13 CCFs operated either by a local government agency or by a private contractor. These facilities provide the housing and supervision of Level I and Level II inmates, who remain under CDCR's legal custody.

On April 14, 2006, CDCR released a Request for Proposal (RFP) for the construction (build to suit) and operation of an additional 4,000 CCF beds in eight 500 bed facilities. The RFP will require these facilities to provide programming to all inmates, and this programming will consist of a combination of academic and vocational education, pre-release, and substance abuse treatment. Facilities constructed pursuant to this RFP are projected to be ready for occupancy in 2007.

This RFP provides the most expeditious opportunity for CDCR to create capacity for additional inmates in 2007. The inmates placed into these facilities would be receiving rehabilitative programming that is not available currently for inmates placed in non-traditional housing within prisons. Additionally, correctional officers vacancies are expected to continue to be problematic in the 2007-08 fiscal year. Constructing additional CCF beds allows capacity to accommodate the inmate population without exacerbating existing staffing difficulties in prison facilities.

New Housing Construction at Existing Facilities

Based upon the increasing population, and the pending exhaustion of all available beds, the CDCR has developed a construction plan to meet the demand for inmate housing. The plan consists of constructing new housing units at existing prison sites, either inside or outside the secure perimeter (14,678 beds) and constructing two (2) new prisons (9,000 beds). An additional action CDCR is taking to increase bed capacity is the re-activation of Northern California Women's Facility (NCWF) to male population (760 beds) and converting female beds (800) at California Rehabilitation Center to male.

Of the 14,678 new housing units at existing institutions, 4,000 consists of those that will provide the quickest construction time, (dormitory housing), with the least restrictive custodial environment, yet are adequately secure for Level I and II inmates.

At the following 10 institutions, the existing Minimum Support Facilities (MSF) will be modified with 2 additional dorms and improved security perimeter. With the enhanced perimeter, Level II inmates will share the MSF with Level I inmates.

Calipatria State Prison	North Kern State Prison
Centinela State Prison	Pelican Bay State Prison
Kern Valley State Prison	Pleasant Valley State Prison
Los Angeles County State Prison	Salinas Valley State Prison
Mule Creek State Prison	Wasco State Prison

The MSF modifications consist of the following:

- Construct two (2) dormitory housing units
- Construct a double perimeter fence with towers
- Construct a vehicle and pedestrian sallyport
- Increase perimeter lighting
- Install a personal alarm system
- Construct additional program space

In addition to the MSF modifications, NCWF will be reactivated with male inmates (760 beds), and the previously demolished dormitories at the California Medical Facility will be replaced (440 beds). An additional dormitory will be constructed at CRC (200 beds), and the existing female housing (800 beds) will be converted to male housing. All of the above represents housing for an additional 6,200 inmates.

The remaining 10,038 beds established at existing institutions are housing units that are constructed mostly within the secure perimeter, with the exception of Avenal State Prison (ASP). We propose to construct a MSF facility at ASP which is not within the secure perimeter. Due to the constraints of working within the secure perimeter, these housing units are not constructed as quickly as the MSF modifications described above. A total of 26 celled and 25 dormitory housing units will be constructed within the security perimeter of the following 20 existing institutions.

Avenal State Prison	Centinela State Prison
California Conservation Center	Chuckawalla Valley State Prison
California Correctional Institution	High Desert State Prison
California Institution for Men	Ironwood State Prison
Calipatria State Prison	Los Angeles County State Prison
California State Prison, Solano	North Kern State Prison
California State Prison, Sacramento	Wasco State Prison
Pelican Bay State Prison	Pleasant Valley State Prison
Substance Abuse Treatment Facility	Sierra Conservation Center
Richard J. Donovan Correctional Facility	Northern California Woman's Facility

New Prison Construction

This plan consists of constructing two (2) new prisons. Based upon the prototypical project it is anticipated that this phase of the plan will provide for 9,000 new beds and all associated infrastructure and various program and support space. It is anticipated that this phase of the plan could be delivered for initial occupancy between 48 to 60 months from authorization.

The lengthy process for the completion of a new prison construction project requires specific elements that must be accomplished prior to completion and occupancy.

- Funding
- Siting
- Environmental impact process (California Environmental Quality Act)
- Design
- Competitive bid and award process
- Construction management and inspection
- Activation

Existing Deficiencies and Health Care Program Changes

In conjunction with identifying solutions for the impending bed crisis, the CDCR plan also identified existing deficiencies based upon current overcrowding in the areas of program space, administration, and support needs. The plan also evaluated the changing needs of the health care delivery system and projected the cost to provide sufficient space for the effective delivery of health services including, medical, mental health, and dental to meet the demands of existing stipulated court agreements.

Inmate Programs

In an effort to provide bed space in already overcrowded prisons, spaces that were designed as gymnasiums and dayrooms are being used as living quarters. By reverting dayrooms and gymnasiums back to their designed purpose, the CDCR would be better able to provide meaningful programs for fitness, leisure time, religious, educational and therapeutic group related activities, and reduce inmate idleness and enhance staff, inmate, and public safety.

- Educational Activities – Educational programs can also be enhanced by the return of space used for non-traditional housing. Peer literacy programs which would normally be conducted in dayroom areas are now conducted on recreation yards as weather permits. A recreation yard does not lend itself to utilizing the Correctional Learning Network (CLN), which is a television based educational activity, provided on dayroom televisions to offenders who do not own televisions. CLN is also an activity that supports classroom instruction and provides remedial work that addresses the needs of offenders enrolled in Adult Basic Education, Vocational, GED and College Classes which is limited to only those inmates with a television in their cell.

- Physical Fitness - The main objective of fitness programs for older adults is to help them improve their functional health status. This implies the ability to maintain independent living status and avoid disability. Addressing strengthening and agility needs of elderly offenders should reduce their dependence on the health care system.

- Religious Programs - The CDCR is also charged with providing reasonable efforts to provide for the religious and spiritual welfare of the incarcerated population (Penal Code Section 5009). A 2001 survey conducted by the California Research Bureau indicates that chapel space is of primary concern for staff chaplains. What space does exist is too small, antiquated and not conducive for conducting religious services. CDCR has found that inmates involved in religious programming are less apt to have behavioral problems. One of CDCR's goals is to provide an environment conducive to an inmate's personal examination of his judgments and thought processes that can be pivotal in rehabilitation.

Health Care Services

The CDCR is obligated to provide appropriate health care services to sustain the life of a patient based on community standards of care, and is mandated under the United States Constitution to provide adequate health care to all patients. As part of the planning effort undertaken by the CDCR, current and future space needs for health care services encompassed the delivery of medical, mental health, and dental care services. Through the collaborative efforts of Division of Correctional Health Care Services (DCHCS), Office of Facilities Management (OFM), Division of Adult Institutions (DAI), and Kitchell CEM, information was gathered that allowed the development of conceptual space models which in turn were utilized to establish current deficiencies and future needs for treatment space, administrative space, and support space for medical and mental health services. Treatment space needs; i.e. triage, exam, radiology, were established utilizing a standard square foot need for treatment areas as well as the ratio of rooms needed per medical provider. This plan will begin to:

- Establish systems for providing a continuum of care from intake through discharge which allow CDCR to implement efficiencies in the provision of health care and reduce the unnecessary or avoidable need for higher levels of care, and,

- Increase bed and specialized housing capacity to meet the current and future needs of the patient population.

- Implement a statewide plan to develop Consolidated Care Centers (DCHCS CCC) that will concentrate patients who are at greater health risk and have higher health care needs at health care treatment facilities at DCHCS CCCs.

- In addition the DCHCS will implement a plan for Centers of Excellence (CoE) for special populations that include, but are not limited to, Human Immunodeficiency Virus (HIV), Long-Term Care (LTC), and hemodialysis.

Simultaneous Efforts

Although the projected cost for all infrastructure needs were developed based upon the various phases of the new bed construction plan, authorization for the aggregate projected cost for infrastructure will need to be included in the initial planning stages. The nature of the infrastructure work is very complex and lengthy to implement. In order to have the additional infrastructure capacity available for the proposed new housing unit construction, this must begin as soon as possible.

Construction

The urgency of addressing the CDCR housing shortage creates the need for an aggressive, simultaneous, and multifaceted approach:

- To correct current infrastructure capacity needs,
- To provide additional housing capacity for anticipated growth and eliminate non-traditional beds,
- To provide critical health care related space necessary to meet the health care needs associated with various court orders and stipulated agreements,
- To correct critical support space deficiencies that have been caused by long term overcrowding that have never been adequately addressed, and
- To provide necessary program space that will enable the attainment of the CDCR's rehabilitative mission and improve the successful reintegration of inmates into society.

Immediate authorization, funding, and implementation are required to ensure the continued safety and security of California's citizens, CDCR staff and inmates. In order to facilitate the successful implementation of this simultaneous and multifaceted approach, as well as provide necessary project oversight and accountability, the CDCR will require the ability to rapidly bring on and allocate staff and fiscal resources commensurate with the plan components.

In conclusion, the CDCR plan will enable the most expeditious activation of these new beds, solve long overdue infrastructure issues, and begin to provide requisite health care, support services and program space that will enable the attainment of the CDCR's rehabilitative mission.